

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Breasthale		93-12-01
O.I.P.E. CLASSIFIER		48	4/9/01
FORMALITY REVIEW	M	572	4/18/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	7-15-01	
2		5-13-02	
3		1/27/03	
4		5/17/03	
5		11/14/03	
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22	N		
23	✓	=	÷
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27	5		
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29	1		
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36	✓	=	÷
37	0		
38	✓	=	N
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49			
50	✓	=	N

Claim	Final	Original	Date
28	51	/	7-15-01
29	52	✓	3-13-02
30	53	✓	1/27/03
31	54	5	5/17/03
32	55	✓	11/14/03
33	56	=	
34	57	=	
35	58	=	✓
36	59		
37	60		
38	61		
39	62		
40	63		✓
41	64		N
42	65		✓
43	66		
44	67		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here